

HRSA Responses to OMB Questions on the State Offices of Rural Health TA Information Collection Request

1. Please explain how these 2 measures were chosen. It seems like SORHs have a very broad mission (i.e. to strengthen and improve rural health care delivery systems). Why has HRSA decided to focus on the provision of TA in this ICR? Are there other GPRA measures that capture SORHs' performance in other areas, such as coordinating rural health interests state-wide, strengthening state, local, and Federal partnerships, and improving recruitment and retention of health professionals?

The SORH program was included in the combined PART assessment of Rural Health Activities. OMB noted that one of the primary challenges for the programs comes from the various program authorizations, which are fragmented. The program received a rating of Adequate, and, as a result of the review, these measures were proposed. In the process of this review, it was noted that the provision of providing technical assistance was one of the most quantifiable elements in the legislation.

A SORH Performance Measurement work group was formed with grantees to develop and define the measures. Under this grant program, States have great flexibility in determining the technical assistance that will be provided. These measures, while simple, provide a common standardized format for the grantees to report.

Encouraging recruitment and retention and participating in strengthening rural partnerships are elements that were added to the grant program several years ago. However, these elements were not considered readily quantifiable given the lack of standardization and the variation in the types of activities and approaches by the States, and the flexibility that is allowed for the States in determining their activities.

2. If the goal is to collect reliable and consistent data across SORHs, more guidance may need to be provided in terms of how SORHs should count clients and encounters. For example, is a conference with 50 CAH administrators considered one TA encounter and 50 clients or 50 TA encounters and 50 clients? Does a weeklong conference and a 15 minute discussion equally count as an "encounter"? If a SORH holds a conference for hospital administrators and the administrator for hospital X attends that conference and the SORH also provides TA for hospital X itself, is that considered two clients (i.e. hospital X and the administrator of hospital X) or one client (i.e. administrator of hospital X is an affiliate of hospital X)?

The SORH Performance Measurement work group created the definitions of technical assistance encounters and clients. Technical assistance has been defined as any activity that is planned, funded, organized, administered, or provided by SORH that results in the delivery of substantive information, advice, education, or training directly to a client. A TA "encounter" requires the delivery of substantive service or subject content, whether the encounter is face to face, teleconference, webinar, etc. A TA encounter should result in the provision of substantive information or service. Brief or routine responses to questions via telephone or email are not considered TA encounters. A 15 minute discussion would not be considered an encounter in and of itself; however, the discussion could certainly be part of a larger planned activity that is a TA encounter.

Clients can be organizations, associations, or individuals. We have slightly revised the wording of the instructions for clarity. Please see the attachment with the revised wording, as this provides additional information on definition of technical assistance and client. These definitions were created by a performance measurement committee comprised of several SORHs.

3. Would HRSA be open to collecting this information for FY 2009 grant year but not using the information for GPRA purposes until FY 2010 grant year? That would give HRSA a full year to “pilot” the new measures and see what the frequently asked questions are. Then, for FY 2010, HRSA could compile the questions into a FAQs document for SORHs to use. That would ensure more consistent and reliable reporting on these measures.

HRSA would be glad to compile a set of FAQs for the SORHs to use, and this could be done over the course of the first reporting year, and updated thereafter. With regards to piloting the information, HRSA is not anticipating major problems for the SORHs to report these measures, as the SORHs were participants in the development of the measures and the definitions. The first year could certainly be viewed as a pilot, since this will be the first time reporting the measures; however, HRSA does not want to limit the approval period from OMB for the information to a one year period, given that no major problems are anticipated based on the SORH participation in developing the measures.